

## HEALTH DIVISION REPORTS

### **Health Benefit Plan Reports**

- **Actuarial Certification.** All individual and small employer carriers shall file an actuarial certification, [31A-30-106](#) and Rule [R590-167](#). Due April 1 each year.
- **Small Employer Index Rates Report.** All small employer carriers must file their index rates as of January 1 of the current year and preceding year, [31A-29-117](#) and [R590-167](#). The report must include the actual index rates and calculate the percentage change in these rates between the current and previous years as of January 1. Due February 1 each year.

**Long Term Care Reports** An issuer of long-term care insurance shall file the following reports in a single filing, [R590-148-25](#). The report filing is due June 30 each year.

- **Replacement and Lapse Report.** 10% of its agents with the great percentages of lapses and replacements.
- **Claims Denial Report.** Number of claims denied for each class of business, expressed as a percentage of claims denied.
- **Rescission Report.** Record of all policy or certificate rescissions.
- **Suitability Report.** Number of applications received, number of applicants who declined to provide personal worksheet information, the number of applicants who did not meet the suitability standards, and the number of applicants who confirmed after receiving a suitability letter.

### **Medicare Supplement Reports**

- **Annual Filing of Premium Rates.** An issuer of Medicare supplement shall file annually its rates, rating schedule and supporting documentation, including ratios of incurred losses to earned premiums by policy duration, [R590-146-14](#). Refer to the NAIC Medicare Supplement Insurance Model Regulations Manual for required components. Due May 31 each year.
- **Refund Calculation and Benchmark Ratio.** An issuer of Medicare supplement shall file the Medicare Supplement Refund Calculation Form and Reporting Form for the Calculation of Benchmark Ratio Since Inception for Group Policies reports, [R590-146-14](#). Due May 31 each year.
- **Report of Multiple Policies.** An issuer of Medicare supplement shall annually submit a report of multiple policies the insurer has issued to a single insured. The report is required each year listing each insured with multiple policies or stating that no multiple policies were issued, [R590-146-22](#). Due May 31 each year.
- **Medicare Select Grievance Report.** An issuer of Medicare Select shall report the number of grievances filed in the previous year that includes a summary of the subject, nature and resolution of each grievance, [R590-146-10](#). Due March 31 each year.

**Utah Accident & Health Survey** All insurers with accident & health business shall file the Utah Accident & Health Survey. The purpose is to provide more detailed information on Utah accident and health business than is currently reported on the Utah state page of the NAIC Annual Statement, [31A-2-201\(7\)](#). Due March 1 each year.

**Value Added Benefits** All insurers with accident & health business are required to file a list of all value-added benefits offered at no cost to its enrollees, [31A-8a-207](#). Due March 1 each year.

**Objective Criteria for Adding or Terminating Participating Providers** All insurers with accident & health business shall establish criteria for adding health care providers to a new or existing panel and file a copy of these criteria with the Utah Insurance Department, [31A-22-617.1](#). The filing does not have a specific due date. Each insurer must file an updated copy as needed.